

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.04099632
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	3,212,259.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,212,259.11
YTD Amount:	\$	11,129,607.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00011220
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	8,791.41
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	7,476.41
YTD Amount:	\$	27,828.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	113,925.55
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	51,899.15
YTD Amount:	\$	270,668.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00938333
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	735,229.10
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	140,169.80
YTD Amount:	\$	1,357,250.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00149500
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	117,140.45
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	25,744.55
YTD Amount:	\$	223,068.11

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00118559
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	92,896.69
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	12,897.89
YTD Amount:	\$	161,863.19

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.02081556
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,630,999.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,630,999.38
YTD Amount:	\$	5,650,971.93

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REMITTANCE ADVICE

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	109,832.30
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	31,696.50
YTD Amount:	\$	224,267.55

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00542726
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	425,251.96
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	71,723.16
YTD Amount:	\$	766,325.21

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.02542398
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,992,091.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,992,091.28
YTD Amount:	\$	6,902,056.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00134476
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	105,368.42
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	26,575.12
YTD Amount:	\$	207,486.43

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CLAIM SCHEDULE NUMBER: 1000051A
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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00944552
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	740,101.98
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	51,783.78
YTD Amount:	\$	1,187,617.48

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CLAIM SCHEDULE NUMBER: 1000051A
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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	733,380.71
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	93,938.51
YTD Amount:	\$	1,262,081.02

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	143,297.64
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	33,271.94
YTD Amount:	\$	276,436.08

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,356,812.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,356,812.37
YTD Amount:	\$	4,700,987.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00466499
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	365,524.43
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	82,241.13
YTD Amount:	\$	699,876.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	160,756.66
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	58,460.36
YTD Amount:	\$	352,385.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00147004
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	115,184.71
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	46,473.41
YTD Amount:	\$	261,661.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.32827792
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	25,722,156.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,722,156.01
YTD Amount:	\$	89,120,293.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA

95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00459604
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	360,121.87
County Medical Services Program Offset	\$	288,214.70
<u>Net Claim / Payment Amount</u>	\$	71,907.17
YTD Amount:	\$	671,296.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	852,929.78
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	80,338.88
YTD Amount:	\$	1,409,988.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	61,376.89
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	17,870.69
YTD Amount:	\$	125,641.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00296652
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	232,441.13
County Medical Services Program Offset	\$	165,499.90
<u>Net Claim / Payment Amount</u>	\$	66,941.23
YTD Amount:	\$	474,345.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00573510
	County Medical Services Program Offset Ratio:		0.00000000

<u>Gross Claim</u>	\$	449,372.71
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	449,372.71
YTD Amount:	\$	1,556,954.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00086396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	67,695.43
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	20,792.03
YTD Amount:	\$	140,739.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	96,618.54
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	59,687.64
YTD Amount:	\$	260,895.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	661,029.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	661,029.44
YTD Amount:	\$	2,290,287.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00458914
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	359,581.22
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	53,284.52
YTD Amount:	\$	633,258.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	228,056.39
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	41,977.09
YTD Amount:	\$	417,995.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,325,429.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,325,429.53
YTD Amount:	\$	14,986,441.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00358832
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	281,162.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	281,162.15
YTD Amount:	\$	974,150.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	96,686.71
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	6,167.51
YTD Amount:	\$	153,954.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.03234150
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,534,112.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,534,112.28
YTD Amount:	\$	8,780,012.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.03348594
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,623,784.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,623,784.67
YTD Amount:	\$	9,090,702.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00176124
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	138,001.64
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	29,400.54
YTD Amount:	\$	260,934.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.03592458
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,814,863.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,814,863.86
YTD Amount:	\$	9,752,742.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.06138059
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,809,464.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,809,464.84
YTD Amount:	\$	16,663,492.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.06260938
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	4,905,746.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,905,746.45
YTD Amount:	\$	16,997,082.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,108,044.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,108,044.45
YTD Amount:	\$	3,839,073.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	368,949.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	368,949.32
YTD Amount:	\$	1,278,309.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,138,497.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,138,497.83
YTD Amount:	\$	3,944,586.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	680,103.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	680,103.35
YTD Amount:	\$	2,356,373.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,737,215.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,737,215.80
YTD Amount:	\$	9,483,711.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	461,237.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	461,237.19
YTD Amount:	\$	1,598,061.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00804393
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	630,280.66
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	94,179.36
YTD Amount:	\$	1,111,549.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	22,414.18
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	8,825.38
YTD Amount:	\$	50,481.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00227384
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	178,166.31
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	40,962.91
YTD Amount:	\$	342,891.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	898,225.14
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	211,112.44
YTD Amount:	\$	1,737,881.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.01854596
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,453,165.28
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	134,829.38
YTD Amount:	\$	2,398,154.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	900,737.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	900,737.97
YTD Amount:	\$	3,120,812.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	351,491.09
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	51,879.29
YTD Amount:	\$	618,597.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00302136
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	236,738.11
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	45,508.21
YTD Amount:	\$	437,773.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00127823
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	100,155.48
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	39,005.78
YTD Amount:	\$	224,714.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.01023676
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	802,099.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	802,099.45
YTD Amount:	\$	2,779,057.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.00234036
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	183,378.48
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	37,846.48
YTD Amount:	\$	344,294.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

<u>Total amount collected:</u>	\$116,872,784.03	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,354,816.07	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,063,187.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,063,187.88
YTD Amount:	\$	3,683,657.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	292,547.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	292,547.11
YTD Amount:	\$	1,013,596.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00366093
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	286,851.50
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	47,293.50
YTD Amount:	\$	514,746.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00123264
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	96,583.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	96,583.28
YTD Amount:	\$	334,634.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00559312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	438,247.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	438,247.89
YTD Amount:	\$	1,518,410.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000051A
PAYMENT ISSUE DATE: 10/27/2010

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 9/16/2010 TO:10/15/2010

Total amount collected: \$116,872,784.03 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,354,816.07 County/City Ratio: 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	147,022.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	147,022.63
YTD Amount:	\$	509,393.56